

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI 53704

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>DAVID FLANAGAN</u> Sign: <u>[Signature]</u>	Street: <u>2018 YANARA PLACE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>DMFLA@CHAE</u> Phone: <u>(608) ()</u>
2. Print: <u>Tim Anderson</u> Sign: <u>[Signature]</u>	Street: <u>2126 Yanara Place</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>Tander</u> Phone: <u>(608) ()</u>
3. Print: <u>MICHAEL HIPPEE</u> Sign: <u>[Signature]</u>	Street: <u>2450 ATWOOD AVE</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>()</u> Phone: <u>()</u>
4. Print: <u>Daniel Veroff</u> Sign: <u>[Signature]</u>	Street: <u>2010 Yanara Place</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email: <u>dveroff</u> Phone: <u>(608) ()</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email: _____ Phone: <u>()</u>

Certification of Circulator

I, Mureen McGlynn Flanagan, (certify) I reside at 2018 Yanara Place
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison, WI 53704
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 18 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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(Official Use Only)

Circulators,
Please include your contact

Phone: (608) ()
Email: Flanagan

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